

## Change of financial adviser

Policy number(s) (please separate policy numbers with a comma)			
Please transfer all other policies under my ownership. (Please select with "X" if this applies)			
1. Your personal details			
Policy owner(s) / Company name/ SMSF name			
Date of birth (DD/MM/YYYY) Email address			
Contact number			
Address			
Policy owner(s) / Company name / SMSF name			
Date of birth (DD/MM/YYYY) Email address			
Contact number			
Address			



Insurance is issued by Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694 (the Insurer). The Insurer is part of the Nippon Life Group. Any reference to 'Acenda', 'we', 'us' and 'our' means the Insurer.

2. Your new financial adviser's details			
Name of Individual adviser/ Corporate business			
Name of firm (licensee)			
Adviser / Corporate business code Authorised representative	re number		
S B			
Contact telephone number (business hours)			
Email address			
3. Your agreement and declaration			
<ul> <li>I authorise my adviser and all staff to gain information and access For the policy number(s) listed in Section 1:</li> <li>I'm not receiving advice from my existing financial adviser</li> <li>I authorise Nippon Life Insurance Australia and New Zealand Li Section 2</li> <li>my existing financial adviser will no longer be remunerated for a my new financial adviser will be responsible for advising me, wi information, and</li> <li>I'll advise the Insurer if I change or cancel my financial adviser of arrangements.</li> <li>If signed under Power of Attorney: Attorneys must attach a certain the Attorney hereby certifies that they have not received notice of authorised to sign this form.</li> <li>Power of Attorney documents can only be mailed. Emailed or fax</li> <li>Name of Policy owner(s) / Director / Trustee /</li> </ul>	imited (the Insurer) to change my finance advising me and will no longer have accepted in the remunerated for this advice and wor if there are any changes to my advise extified copy of the Power of Attorney if of any limitation or revocation of their fixed copies cannot be accepted.  Name of Policy owner(s) / Director /	cial adviser as detailed in cess to my information will have access to my er remuneration f not already supplied. Power of Attorney and	
Legal representative	Legal representative (if applicable)		
Signature of Policy owner(s) / Director / Trustee / Legal representative	Signature of Policy owner(s) / Direction Legal representative (if applicable		
Date (DD/MM/YY)	V	Date (DD/MM/YY)	
	<b>X</b>		
I am a sole director and/or company secretary		1 : 1 : 1 :	

## Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations PO Box 23455 Docklands VIC 3008

Email: adviser.servicing@acenda.com.au

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT) Monday to Friday.